

# SPRINGDALE FIRE DEPARTMENT

## OUTSIDE TRAINING FORM

Class name: \_\_\_\_\_

Date of class: \_\_\_\_\_ Location of class: \_\_\_\_\_

Person requesting class: \_\_\_\_\_

CHECK ONE OF THE BELOW:

Per Diem Expense:

Receiptable Expense:

I understand that training opportunities are provided at the discretion of the Fire Department for our mutual benefit and that overtime pay will not be provided unless attendance in this course is ordered by the department. Expenses for attendance of this course will be reimbursed to me in accordance with the *City of Springdale Personnel Policy*. I further understand that by requesting per diem expense I can not request additional reimbursement for meals and/or miscellaneous travel expenses at a later date. I also understand that upon return from the training I must submit with an *Expense Report for the Springdale Fire Department*, original receipts for travel, lodging, and course expenses.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not write below this line, office use only:**

### Estimated Expenses/costs

Registration fee

Lodging

Per Diem

Travel

Other

nights @

days @

miles @

**Totals**

To Member

PO Number



### Course Approvals:

		Approved	Not approved
Shift Commander	Initial		
Training Officer	Initial		

Date member Notified: \_\_\_\_\_

Notes: